

## TESTIS

**T**esticular cancer is relatively rare and accounts for only 1% of all cancers in men. World-wide, incidence is lower in Asians and blacks than in whites. The highest rates are in Northern Europe where they are about twice as high as in the United States, Canada, England and Australia. The lowest rates are in Japan, Thailand and Spain. In young men living in the SEER areas, the incidence rate of this

cancer has increased about 2% per year since 1973.

Testicular cancer incidence rates vary widely among the racial/ethnic populations in the SEER regions for the years 1988 to 1992. The rate of 5.4 per 100,000 for white non-Hispanic men is almost seven times higher than the rate for black men. The reason for this is unknown. Although in this analysis the number of cases among Asians is small, their rate is intermediate between whites and Blacks. Incidence rates for white Hispanics are about one-half the rate for white non-Hispanics.

Testicular cancer, unlike most cancers, occurs predominantly in young men, especially those 20-34 years of age. The figures in this publication do not specifically show the high rate in this young population. In the age group 20-54 years, which is shown, the incidence rate for non-Hispanic whites is almost five times higher than the 55-69 year age group and nine times higher than the 70 year and older group.

Treatment advances for testicular cancer have been dramatic. In the mid-1970's some very effective combinations of drugs were used for patients with advanced disease. Within three years from the time that the effectiveness of this treatment was demonstrated there was a dramatic decrease in mortality and an improvement in survival. Due to this treatment breakthrough the

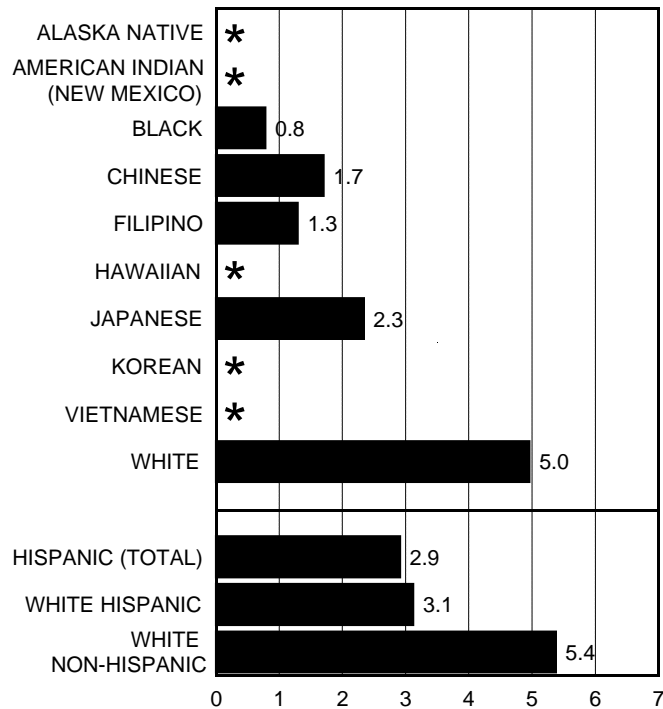
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mortality rate for this cancer is only about 5% to 10% of the incidence rate. Black men have mortality rates about one half that of white men, but considering that their incidence rate is seven times lower, the percentage of black men who die of their disease is much higher than for white men.

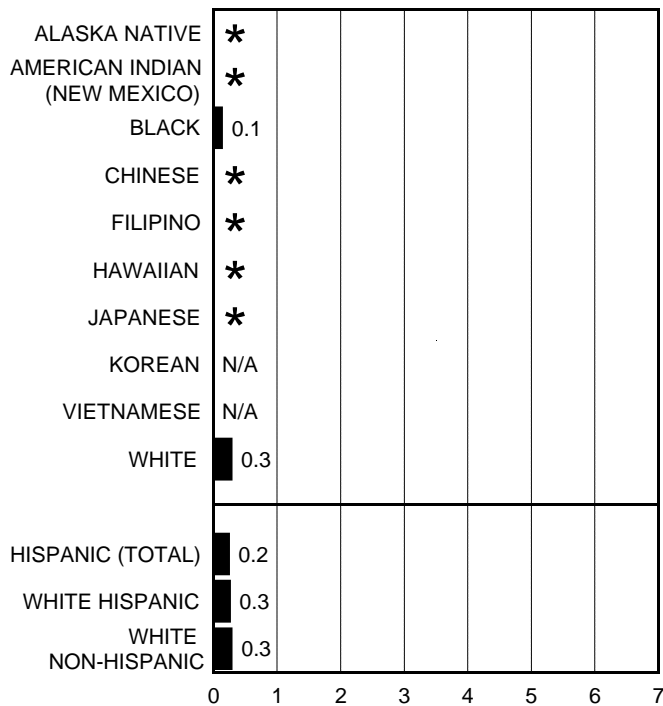
The major identified risk factor for testicular cancer is an undescended testis (testis that does not descend into the scrotum). About 10% of all testicular cancer patients have this condition. Since testicular descent is controlled by hormones and normally occurs before birth, maternal hormone patterns during the pregnancy may play a role in this cancer. In this regard, prenatal factors such as severe nausea, unusual bleeding, low birth weight, and early birth order have been associated with risk in some studies. Testicular cancer often can be identified early by self-examination of the testis. This procedure is recommended for men beginning in their twenties.

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## SEER INCIDENCE Rates Among Men, 1988-1992



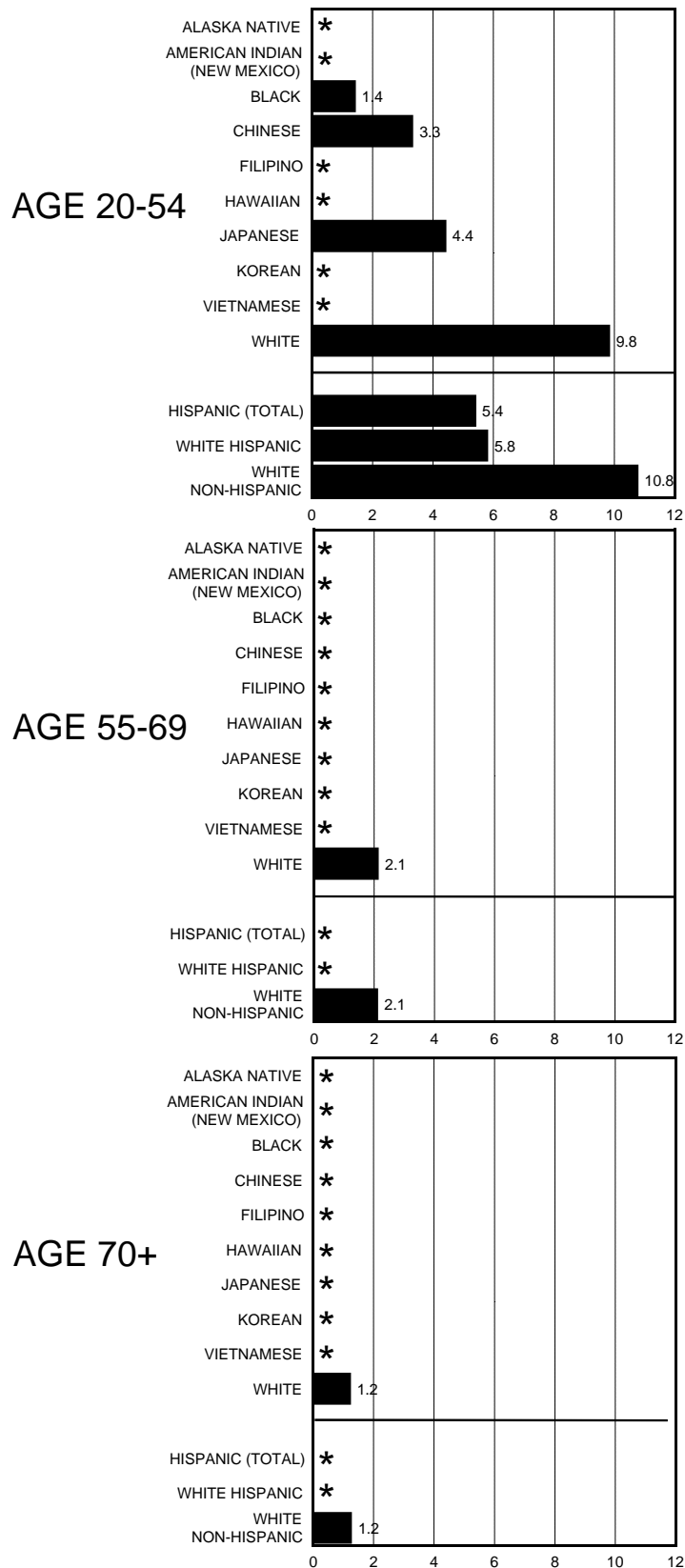
## United States MORTALITY Rates Among Men, 1988-1992



NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = information not available;  
 \* = rate not calculated when fewer than 25 cases.

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## SEER INCIDENCE Rates Among Men by Age at Diagnosis, 1988-1992

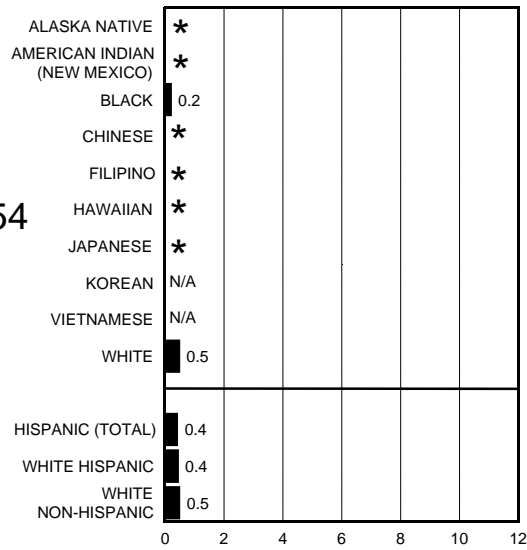


NOTE: Rates are per 100,000 population, age-adjusted to 1970 U.S. standard; \* = rate not calculated when fewer than 25 cases.

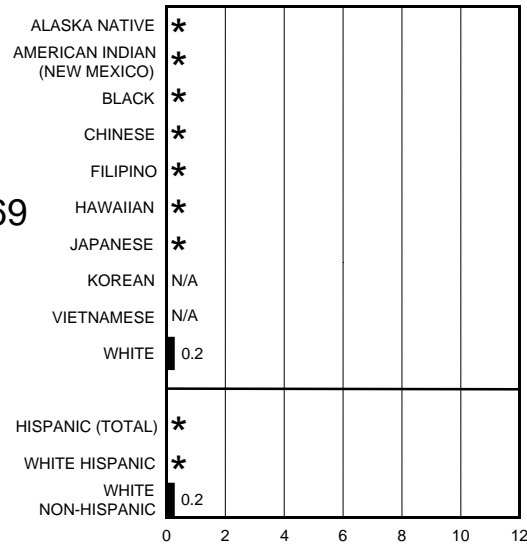
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## United States MORTALITY Rates Among Men by Age at Death, 1988-1992

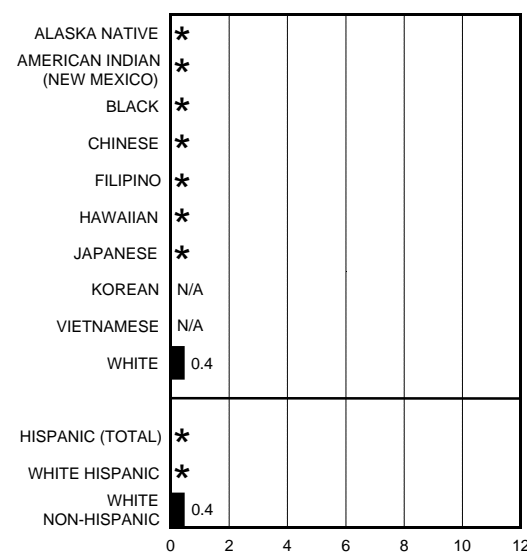
### AGE 20-54



### AGE 55-69



### AGE 70+



NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = data unavailable; \* = fewer than 25 deaths.